



APPLICATION FOR BOARDS & COMMISSIONS

Name _____ Date _____

Street Address _____

Mailing Address (if different from above)

Phone # _____ Email _____

Board or Commission for which you are applying _____

Other Boards, Committees or commissions on which you would be willing to serve:

Current Occupation: _____ Employer: _____

1. Length of residence in Duvall _____

Previous address if less than 1 year at current address:

2. Reason you are interested in serving in this position: _____

3. What community activities or other experience do you bring to this position? _____

4. Do you have any special skills or expertise applicable to this position?_____

5. Educational/Occupational Background:_____

Are you available for evening meetings?_____ Daytime meetings?_____

Are there any evenings or days that are unacceptable?_____

Signature_____

Return form to: City of Duvall, 15535 Main Street NE, PO Box 1300, Duvall, WA 98019

Or email to the City Clerk: Jodee.schwinn@duvallwa.gov

THANK YOU FOR YOUR INTEREST IN SERVICE TO OUR COMMUNITY!